

FILED JUN 13 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16139

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>251</u>		PRIMARY REG. DIST. NO. <u>1857</u>		Registrar's No. <u>165</u>	
1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural Lincoln Twp</u>		c. LENGTH OF STAY (in this place) <u>1740</u>		c. CITY OR TOWN		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 Mi West Elmo, Mo</u>				STREET ADDRESS (If rural, give location) <u>3 Mi West Elmo, Missouri</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Carrie</u>		b. (Middle) <u>Ethel</u>		c. (Last) <u>Honaker</u>	
				4. DATE OF DEATH		(Month) (Day) (Year) <u>June-5th-1955</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Wh</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct-8-1888</u>	
9. AGE (in years last birthday) <u>66</u>		IF UNDER 1 YEAR Months Days Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Geb Housework</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Joseph Sloan</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Livengood</u>	
14. NAME OF HUSBAND OR WIFE <u>F H Honaker</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>H F Honaker</u>	
ADDRESS <u>Elmo, Mo</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Occlusion</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis with early regurgitation</u> DUE TO (c) <u>4211</u> 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Arteriosclerosis - Coronary</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u> <u>6 yrs?</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>June 24</u> , 19 <u>54</u> , to <u>June 5</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>June 4</u> , 19 <u>55</u> , and that death occurred at <u>1 A.M.</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>Flannia Ford</u>				23b. ADDRESS <u>Elmo, Mo</u>		23c. DATE SIGNED <u>June 7 1955</u>	
24a. BURIAL, CREMATION, DISPOSITION (Specify)		24b. DATE <u>6/8th/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>High Prairie</u>		24d. LOCATION (City, town, or county) (State) <u>Elmo Missouri</u>	
DATE REC'D BY LOCAL REG. <u>6-11-55</u>		REGISTRAR'S SIGNATURE <u>Beas Holt</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Westboro, Mo</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

---

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by Ashley R Tucker III, Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Ashley R Tucker

Licensed Embalmer No. 4757

P. O. Address Westboro, MA

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure  
to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.